



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

**Maryland Board of Morticians and Funeral Directors**

**4201 Patterson Avenue, Baltimore, MD 21215**

Board Office: 410-764-4792, Fax: 410-358-6571

Email: [mdh.bomfd@maryland.gov](mailto:mdh.bomfd@maryland.gov)

Website: <https://health.maryland.gov/bom>

***Transport Vehicle Inspection Report***

		Date	Time Arrived	Time Departed
Name of Transport Service		Permit Number:		
Street Address		Related Services:		Issue Date:
Permit Holder	City	State	ZIP	Telephone
Type of Inspection <input type="checkbox"/> New <input type="checkbox"/> Deficiency Follow-up <input type="checkbox"/> Routine <input type="checkbox"/> Other		Witness of Inspection		Permit Displayed Y / N
				Fax
				Email
Registered Employees (Last, First, M.I.)	T			
	T			
	T			
	T			
	T			

Maryland Board of Morticians and Funeral Directors  
Transport Vehicle Inspection Report - cont.

Removal Vehicle		
Make:	Model:	VIN:
Tag #:	State:	Registration:
Yes	No	Requirements per COMAR 10.29.21.07
		Remains obscured from public while in transit (properly tinted windows)
		Impervious interior (CARGO), including flooring
		Impervious interior (passenger compartment)
		Universal precaution kit
		Red bio-waste bag
		Heavy disaster pouch
		Goggles/face shield
		Booties
		Masks
		Disposable gloves
		Clean or disposable apron/bio suit
		Antiseptic hand cleaner
		Disinfectant spray
		Clean towels/paper towels
		First aid kit
		Removal stretcher/litter clean and sanitary with removable pouch
Additional Inspection Requirements per COMAR 10.29.21.07, 10.29.21.05		
<b>Cleaning schedule log</b>		
<b>Cleanliness</b>		
<b>Previous inspection sticker # and date</b>		
<b>New Sticker #</b>		
<b>Evidence of pets</b>		
<b>Cargo bay enclosed</b>		
<b>Check for bio-trash</b>		

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<b>Where is bio-trash disposed</b>	
<b>Deficiencies</b>	
<b># Violations Issued</b>	
<b># Days to Correct</b>	
<b>Additional Notes</b>	

*Passed Inspection / No deficiencies*

\_\_\_\_\_  
Printed Name and Signature of Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature & Title of Transporter

\_\_\_\_\_  
Date

This vehicle has been inspected by an inspector of the Department of Health and Mental Hygiene. This vehicle has successfully passed with no deficiencies noted during this inspection.

*Deficiencies Identified*

\_\_\_\_\_  
Printed Name and Signature of Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature & Title of Transporter

\_\_\_\_\_  
Date

This vehicle has been inspected by an inspector of the Department of Health and Mental Hygiene. The results of the inspection have been noted. I acknowledge that the above noted deficiencies have been deemed by the inspector as deficient and have been explained to me. I agree to remedy all deficiencies above within the number of days stated.

\_\_\_\_\_  
Printed Name and Signature of Board Member Approving Inspection

\_\_\_\_\_  
Date

BOARD SIGNATURE IN AGREEMENT OF DEFICIENCY REPORTED \_\_\_\_\_

BOARD PASSING LETTER \_\_\_\_\_